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| as attorney(s) or egent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with | | | | | | |
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| Assignee Name and Address: OUALCOMM Incorporated | | | | | | |
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| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, | | | | | | |
| and must identify the application in which this Power of Attorney is to be filed. | | | | | | |
| The individual whose tignature and utle is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signature | 1 | | | | Date 12/1 | 11/07 |
| Name | Thoma | as Rouse | | | Telephone 85 | 8 651-6732 |
| Title | | Chief Patent Coun | sel. Oual | comm Incor | porated | |
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